U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E WELL OF WE	
1 File Number U 9821,	2 Fiscal Year Covered From 01 / 01 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing	4 Name file number and address of labor organization
Name Tracy F Wilkerson	Name IBEW Local Union 702
The state of the s	Labor Organization File Number 022-643
P O Box Bidg Room No If any	P O Box Building and Room Number if any
Street 21527 CR 403	Street 106 North Monroe Street
city Kennett	City West Frankfort
State M0 638.57 ZIP Code +4 7228	State Illinois ZIP Code + 4 62896
5 Position in labor organization Unit Officer	
A Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organization. 6 Name and address of Employer (including trade name if any)	derived income or other economic benefit of on represents or is actively seeking to represent. 7 a Nature of Interest Transaction or Income
Name	
Trade Name If any	
PO Box Bidg Room No If any	7 b Amount
Street	~
City ,13	3301361
State ZIP Code + 4 3 1	
Signature	
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the dersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions.)	
Signed Trong Ferral (-1) i-lkara	On 8/11/05 (573)-888-3228 Date Telephone Number

Name of Person Filing	File Number U	
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise along with your labor organization or with a trust in which your labor organization is interested.		
8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box Bidg Room No if any Street City State ZiP Code + 4	9 Business deals with a Labor Organization b Trust c Employer	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Trade Name if any P O Box Bldg Room No if any Street	11 b Approximate dollar value of such dealing	
(12 a Nature of interest held or income received	
State ZIP Code + 4		
	12 b Amount	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.	
Name		
Trade Name if any		
P O Box Bidg Room No If any		
Street		
Crity		
te ZIP Code + 4		
13 b Is the Business an Employer or Consultant 2	14 b Amount of payment.	